



My Safe Sound Sleep

Thank you for choosing Nate Stories to help you learn more about the important developmental stage your child will be entering soon or with which you may be currently having problems. The program you have selected, My Safe Sound Sleep is designed to help you and your child with his or her sleep habit development in positive and self-esteem building ways. The health care professionals who have recommended these programs and the children and parents who have used them have found them to be extremely helpful and highly effective.

We have produced two separate programs for you to use. The parent's information program you are presently listening to is an instructional program for adults to learn specific facts about sleep problems. It provides sound daytime behavioral suggestions for parents and other child caregivers to help your child with healthy sleep habits to development. We suggest that you listen to this behavioral discussion several times. Try to implement the suggestions it contains in your daily contact with your child. The information presented here is compiled from the most recent research available and includes interviews with practitioners as well as our own clinical experience.

The audio suggestion bedtime story program that accompanies this parent's information program is a carefully constructed therapeutic device. This delightful program for children utilizes well-established and effective relaxation visualization and suggestion techniques. It is designed specifically for the child with sleep habit problems. Story A is written for younger children approximately ages three to eight while Story B is used for older children ages eight through twelve. Your child may want to try listening to both stories and choose the one he or she prefers.

The story program is designed to be used before bedtime or at naps, but is appropriate to use at any other time your child wishes to listen. Many children like to listen to the story a number of times in immediate succession. If your child asked to have the stories repeated, there is no harm in doing so.

Most likely you purchased this program because a child close to you is having one or more of the variety of sleep problems children are likely to encounter. Perhaps she is having difficulty settling herself down to easily fall asleep or perhaps he is awakening spontaneously in the middle of the night to get himself back to sleep on his own. Perhaps she is experiencing nightmares or night terrors that disrupt your sleep or perhaps he is walking in his sleep without even realizing it. If one or more of these problems is present, the whole family may be upset as a result and may suffer from sleep disturbances themselves. When sleep deprived parents are without positive alternatives to help their child sleep, these conditions can lead to frustration and anger, fear and guilt and depression for everyone involved.

You might have already gathered some information about your child's sleep problems from your discussions with other parents or from reading some of the current literature on the subject. You may have already asked her doctor or a counselor for help in dealing with the problem. However there is the chance that one major obstacle to successfully helping your child with her sleep disturbance is a lack of complete up-to-date information.

This parent's information booklet has four goals: the first is to give you a complete picture of the normal development of a child's sleep patterns from his infancy through his early childhood. The second is to review the sleep management approaches most commonly

recommended to parents by experts in the field of sleep. The third is to introduce the routines you can establish to successfully help your child overcome her sleep disturbance this discussion will include positive suggestions you can use to help change and improve your child's sleep patterns to matter what his age. The fourth goal will introduce you to the audio suggestion bedtime story program which has been created as a new and effective treatment for children from ages 3 to 12 with a sleep problem.

First some facts: Difficulties or differences in sleep patterns are very common among children. Perhaps as a child, you might have encountered one of the types of sleep problems we are discussing here. Some sleep problems that persist into adulthood can be passed on from one generation to the next.

Let's try to define whether your child is experiencing a sleep problem or not; if it takes your child more than 30 minutes to settle down in bed or to get to sleep and the process includes emotional scenes and upset feelings, you are dealing with a clinical sleep disturbance. If she experiences frequent late-night awakenings without being able to regain sleep on her own that includes crying and demanding your attention, your child has a sleep problem. These types of disturbances affect one out of every two children under the age of three. The research shows that in two thirds of the children observed sleep problems were the only problem encountered but in the other one third additional behavior problems such as bedwetting or thumb sucking was also present.

When you first got your newborn child into your home you expected to have the normal period of sleepless nights for a while. Infants have to be fed frequently and we usually wake up when they are hungry wet or otherwise uncomfortable for the first few months. This nighttime pattern of waking for attention is a time of awe and bonding for most parents and their children. As your child progresses through the first six months of life, most children are able to sleep a full six to seven hours between the hours of 10:00 p.m. and 6:00 a.m. However for many families, unexpected problems arise and this pattern can go on for an extended period of time. Perhaps their child develops colic or other physical problems or simply does not develop what we consider to be a normal sleep pattern. Other children develop normal sleep patterns in the first few months of life only to develop a full-blown sleep disturbance, much later, perhaps at age three, or even age six or seven.

Here's how most children develop their sleep habits: most but not all babies will have one longer nap during the day as a part of their natural sleep pattern. If they don't have health problems they may be allowed to sleep through a feeding without harm. Unfortunately, many parents are afraid to disturb a sleeping baby. In this way, some children have been known to get the major portion of their sleep needs met during the course of the day. The child remains up and alert most of the night adding to the loss of parental sleep. One approach has been to introduce solid foods to the baby earlier than planned thinking that your child's inability to sleep through the night is hunger related. However, most scientific studies show little effect on duration of sleep when solid foods are introduced.

Friends, relatives and even pediatric healthcare providers may suggest letting the child cry it out when he's awake during the night. If the child has been checked for a soiled diaper food needs another physical discomfort and found not to be in need the assumption is the child simply needs to cry. However study show that most parents cannot endure their child crying for longer than 10 minutes without offering her comfort. This is an understandable, normal and healthy reaction. But please remember that for most young children the first stage of sleep is an irritable and difficult one. Many children will need to cry for a few minutes before they settle down to sleep and should be allowed to do so.

When sleep problems are present a number of cultures and groups allow the baby to sleep with the parents, or parents sleep with the child. In the past this custom has been regarded by many professionals as potentially physically or psychologically harmful but many cultures

and families have been found to follow this custom in a healthy fashion. However, this practice can lead to problems in your marital relationship. Having the crib in the bedroom or nursery common to the parent's sleep area can cause parents to lose sleep or important opportunities for physical intimacy.

As children grow and mature, they need to be nurtured toward more independent behavior patterns including their personal management of nighttime behavior. Difficulty settling to bed and patterns of night awakening are considered normal sleep behavior occurring in at least half of young children. At times of particular stress, these patterns appear in both children and adults. Sleep studies have shown that night awakening without excessive crying is frequent. Many children can be heard briefly crying out or even crooning before falling back to sleep. Normal childhood experiences influence sleep patterns; teething, upset stomachs, painful ears, separation anxiety, dreams or nightmares all can influence your child to wake up. Night terrors are particularly dramatic sleep disturbances that occur when a child is in a dream state of sleep and incorporates a wakeful state into the nightmare she has been experiencing. Her mother coming in to check on what is wrong can become the monster that was just devouring her and her nightmare.

We have now come to the second goal of this information program, which is to review the most common treatment approaches for sleep problems that are persisting beyond early infancy. Assuming a medical examination has been completed and no physical illnesses are present the next set of possible causes to rule out would be to presence of family problems. Marital difficulties, parenting disagreements, or drug or alcohol addictions can lead to or increase sleep problems. Situational stressors such as divorce, loss of job, physical moves or illness, or death of a loved one can also be a possible cause of sleep problems. Parental depression or emotional problems, or return to outside employment by the primary parent can also be family stress factors.

If one or several of these elements are currently present in your family, please seek the services of a qualified and competent psychotherapist. Even a seemingly hopeless situation can resolve with professional help. Your child's sleep problem may disappear with timely solution of a family problem. Some doctors may offer a pharmaceutical intervention in the form of sleep aids. We do not support such practice. When all other medical and family problems have been ruled out, a positive behavioral approach paired with the therapeutic techniques used in audio suggestion bedtime stories can be highly effective.

We have now reached her third goal of this parent information program, which is to introduce you to the specific rules of sleep management you can use with a child who is experiencing sleep problems. By following this routine carefully, your child will know exactly what to expect regarding good sleep time habits.

1. Determine your child's unique sleep needs. Every child's sleep requirements are determined to a considerable degree by his biological makeup. Conflicts over timing duration and amount of sleep needed can be created if your child's own unique sleep needs are not assessed. Most parents are unaware of these differences and tend to overestimate their child's sleep needs based on some standards they have learned. Many problems are created by extending hours in bed much longer than sleep needs. First, make an estimate of your child's actual sleep needs. Keep a chart of the amount of time she naps during the day. Write down what time she seems to get naturally sleepy in the evening and what time she wakes herself up in the morning. Add up the number of hours your child naturally needs to sleep, and then plan to keep your child in bed only for that rough number of hours per 24-hour period. After you have determined your child's actual sleep needs in number of hours per day, try to match your child's sleep hours with your own best sleep times.

2. Morning awakening with the first adult may be necessary to shape your child's sleep needs to mimic your own until the sleep pattern changes. Your child may be somewhat

sleepy or irritable during the day. However the transition is usually temporary. Remember to train your child to get his sleep during the night. The more a child sleeps during the day, the less she will sleep at night. Even though it may be difficult, it is best to limit or eliminate daytime naps and help your child learn to rest. If your child is in a daycare or nanny situation, make sure to instruct the childcare person to follow these rules. Changes in behavior modification programs to change sleep patterns will usually take a few weeks rather than a few days.

3. Sleep studies have shown that three hours of vigorous playtime activity promotes better sleep for children. For a small baby this could mean being carried in her front or backpack on walks with the adult or being balanced on your knee. For the older child, playing ball or jump rope outside is best, but have indoor activities like hobbyhorses, punching bags, wheel toys and nerf ballgames. An active child is usually a sleepy child.

4. Avoid excessive or violent television, the national average for children's TV viewing now exceeds 25 hours per week. Limit your child to less than two hours per day of appropriate children's programming. We also recommend screening your child's TV shows. Please follow parental guidance warnings. Studies show that small children experience tension and anxiety when viewing violent events. This includes negative or violent newscasts.

3. Create a 30 minute settling routine before bedtime peaceful bedtime ritual is crucially important and should be non-stimulating. Most children enjoy warm baths and bedtime stories. Many children's stories and songs are now available as audio files and can be used as a reward for settling to bed.

4. Return to the room and reassure if your child cries excessively during the night. Do not remove her from the bed unless to feed or to change. Reassure him with pats on the back and gentle words. You may have to reassure her several times per night. Remember that you will only create a larger problem if you remove her from her crib to try to get her back to sleep. If your older child comes out of his bedroom he should be returned to his bed with firm reassurance but without anger or punishment.

5. Think ahead about the sleep rules you should implement with your child. Discuss the rules with all other adult care providers and make sure you agree on a management plan. Then write it down in large type and post it on the inside of your bedroom door. Read it each night before you go to bed and again before you leave the bedroom when your child awakens that night. If you forget your bedtime plan, fatigue, frustration, anxiety, and even irrationality may govern your actions when you hear your child crying at night

6. Finally make sure you positively reinforce your child's closest approximation to the sleep pattern you desire. Praise and hugs are still the most powerful reinforcers. However sticker charts work well with many children. Simply put a calendar chart on the wall and hand your child a sticker to put on the chart every morning that the sleep plan is followed. For older children let them trade their completed charts for special time with mom or dad or extra money for the favorite toy. No matter how the night went, always express love and approval for how hard your child's trying to improve. You might try statements in your own words like "I'm really proud of how hard you're working on your sleep habits." Thanks for trying and sure we will all improve if we just stay relaxed and calm."

The accompanying children's therapeutic stories are based on widely accepted research in the field of relaxation, visualization, and suggestion techniques. A number of papers found in the behavioral science literature demonstrate successful results in the treatment of bedwetting and other behavioral problems using relaxation and mental imagery techniques. These papers demonstrate statistical results more successful than the other bedwetting treatment. The research also supports the fact that techniques used in Nate Stories have no potential to cause harm to your child. In fact the worst possible outcome is that your

child's behavior may not improve but that he will feel better about himself in relationship to his problem.

Most of us are familiar with the idea of visualization or creating a positive mental image from stories we read of athletes increasing their performance or students increasing their test scores. Documented studies in these and other fields have shown improved performance results when people learn to relax themselves effectively and mentally rehearse positive images of correct or successful performance. As we also know young children possess an active fantasy life containing many clever imaginary friends and a large capacity for creating unique visual images. This capacity makes children ideal candidates to integrate appropriate behavior by using their own natural abilities to visualize success.

Over the years, Mr. Spiegel has blended these widely accepted techniques into his own unique style resulting in the successful treatment of varying behavioral problems suffered by scores of children. Nate Stories represent the same techniques Mr. Spiegel uses in his office treatment offered to a widespread audience at a fraction of the cost of office treatment. Our own and behavioral studies using Nate Stories have shown that the normal development of bladder control can be accelerated and completed by initiating the treatment containing AudioSuggestion therapy. Our studies have shown that a significant number of children using this program paired with the daytime goals I outlined earlier have either significantly decreased or stopped their nighttime wetting the bed. The bedtime story program on track A is designed for the younger child and track B is designed for the older child.

Children are most suggestible at bedtime, and we recommend that you allow your child to listen to either or both programs while she is lying in bed before sleep. If you are reading to your child before bed please continue to do so. Our stories need not replace any other positive bedtime activity. Simply turn on the program to play to your child after you've left the room. Additional daytime listening is fine if your child request to do so. The stories are constructed in three continuous parts. First, the story creates a set of familiar images the child can personally relate to. Second, the story explores normal feelings a child may have about bedwetting. Third, some unique and creative fantasy images are presented to stimulate the imagination relaxed the child and suggest that he is in control been able to overcome the problem. We suggest that your child listen every night for the first week or as long a she shows no resistance to listening. Many of our children have requested to listen to the story several times in succession. This is normal and should be accommodated.

Try to teach your child to start the program by herself. After the first week your child may listen to the stories as frequently as he is comfortable. Do not use the stories as a consequence for bad behavior. This will ruin any positive effects the treatment might have. Our goal is to avoid any arguments you might have with your child over the use of the program. We would like to see the child take responsibility for, and control over his own treatment and thereby his own success. Self-motivation is essential for your child's success. She must be interested in settling herself into sleep at night, and settling back to sleep if she awakens. Therefore she should dictate her own frequency of listening. For example, one of our children listened to the story for one week. During this time he awakened several times during the night, so we had the parents set the program aside. Then he spontaneously asked to listen about a week later. He began getting himself settled for bed every night, and slept through the night without interruption. In the happy event that your child may maintains her sleep, the program can be discontinued. It can always be resumed if there is a relapse. If your child does not succeed, it is simply a signal that he is not ready to improve. Under these circumstances, we suggest setting the program aside. Simply continue to work on positive daytime suggestions and plan to reintroduce the program in a few months. Meanwhile, try to give as much praise and positive reinforcement

to her attempts at improvement, and share your confidence that her sleep pattern will eventually resolve.